

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/527333

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		2				
5		(1)				
6		2				
7		2				
8		2				
9		2				
10		1				
11		1				
12		1				
13		1				
14		1				
15		1				
16		1				
17		1				
18		2				
19		2				
20		1				
21		2				
22		1				
23		1				
24		1				
25		1				
26	1					
27		1				
28		2				
29		2				
30		(1)				
31		2				
32		2				
33		2				
34		2				
35		1				
36		1				
37		1				
38		1				
39		1				
40		1				
41		1				
42		1				
43		2				
44		2				
45		1				
46		2				
47		1				
48		1				
49		1				
50		1				
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		(1)				
52						
53						
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	2	↓		↓		↓
TOTAL DEP.	67	←		←		←
TOTAL CLAIMS	69					